WHAT IS CLAIMED IS:

1. A method of treating chronic obstructive pulmonary disease (COPD) in a human COPD patient, comprising administering to the patient a dose of 100 mg of benralizumab or an antigen-binding fragment thereof.

2. A method of reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of benralizumab or an antigen-binding fragment thereof, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

3. A method of reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of benralizumab or an antigen-binding fragment thereof, wherein the patient has severe or very severe COPD as defined by the Global Initiative for Chronic Obstructive Lung Disease (GOLD).

4. A method of increasing forced expiratory volume in one second ($FEV_1$) in a human COPD patient comprising administering an effective amount of benralizumab or an antigen-binding fragment thereof to the patient.

5. A method of increasing forced vital capacity (FVC) in a human COPD patient comprising administering an effective amount of benralizumab or an antigen-binding fragment thereof to the patient.

6. A method of improving a COPD questionnaire score assessing COPD symptoms in a human COPD patient comprising administering an effective amount of benralizumab or an antigen-binding fragment thereof to the patient.

7. The method of any one of claims 2-6, wherein the benralizumab or antigen-binding fragment is administered in a dose of 100 mg.

8. The method of any one of claims 1 and 3-7, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

9. The method of claim 2 or 8, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration.

10. The method of claim 2 or 9, wherein the patient has a blood eosinophil count of at least 400 eosinophils/μL prior to the administration.

11. The method of any one of claims 1, 2, and 4-10, wherein the patient has severe or very severe COPD as defined by GOLD.

12. The method of claim 3 or 11, wherein the patient has very severe COPD as defined by GOLD.

13. The method of any one of claims 1 and 4-12, wherein the administration reduces the exacerbation rate of COPD.

14. The method of any one of claims 2, 3, 7, 9, 11, 12, and 13, wherein the exacerbation rate is reduced by at least 30%.

15. The method of claim 14, wherein the exacerbation rate is reduced by about 34%

16. The method of claim 14, wherein the exacerbation rate is reduced by at least 40%.

17. The method of claim 16, wherein the exacerbation rate is reduced by about 47%.

18. The method of claim 16, wherein the exacerbation rate is reduced by at least 50%.

19. The method of claim 18, wherein the exacerbation rate is reduced by about 57%.

20. The method of any one of claims 2, 3, 7-19, wherein the exacerbation rate is reduced within a year from the first administration of the benralizumab or antigen-binding fragment thereof.

21. The method of any one of claims 1-3 and 5-20, wherein the administration increases the patient's $FEV_1$.

22. The method of claim 4 or 21, wherein the increased $FEV_1$ is a pre-bronchodilator $FEV_1$.

23. The method of claim 22, wherein the pre-bronchodilator $FEV_1$ is increased by at least 10%.

24. The method of claim 23, wherein the pre-bronchodilator $FEV_1$ is increased by about 12%.

25. The method of claim 4 or 21, wherein the increased $FEV_1$ is a post-bronchodilator $FEV_1$.

26. The method of claim 25, wherein the post-bronchodilator $FEV_1$ is increased by at least 5%.

27. The method of claim 26, wherein the post-bronchodilator $FEV_1$ is increased by about 7%.

28. The method of any one of claims 4 and 21-26, wherein the pre-bronchodilator $FEV_1$ and the post-bronchodilator $FEV_1$ increase.

29. The method of any one of claims 4 and 21-28, wherein the $FEV_1$ is increased within a year from the first administration of the benralizumab or antigen-binding fragment thereof.

30. The method of any one of claims 1-4 and 6-29, wherein the administration increases the patient's FVC.

31. The method of claim 5 or 30, wherein the increased FVC is a pre-bronchodilator FVC.

32. The method of claim 5 or 30, wherein the increased FVC is a post-bronchodilator FVC.

33. The method of any one of claims 5 and 30-32, wherein the pre-bronchodilator FVC and the post-bronchodilator FVC increase.

34. The method of any one of claims 5 and 30-33, wherein the FVC is increased by at least 3%.

35. The method of any one of claims 5 and 30-34, wherein the FVC is increased within a year from the first administration of the benralizumab or antigen-binding fragment thereof.

36. The method of any one of claims 1-5 and 7-35, wherein the administration improves a COPD questionnaire score assessing COPD symptoms.

37. The method of claim 6 or 36, wherein the COPD questionnaire is the COPD-Specific Saint George's Respiratory Questionnaire (SGRQ-C).

38. The method of claim 6, 36, or 37, wherein the patient's SGRQ-C (symptom) score decreases by at least 9.

39. The method of any one of claims 5 and 36-38, wherein the COPD questionnaire score assessing COPD symptoms improve with a year from the first administration of the benralizumab or antigen-binding fragment thereof.

40. The method of any one of claims 1-39, wherein the patient has a history of exacerbations.

41. The method of claim 40, wherein the history of exacerbations comprises at least one exacerbation in the year prior to the administration of the benralizumab or antigen-binding fragment thereof.

42. The method of any one of claims 1-41, wherein the patient had an $FEV_1 < 80\%$ predicted prior to the administration of the benralizumab or antigen-binding fragment thereof.

43. The method of any one of claims 1-42, wherein the patient had an $FEV_1$/ forced vital capacity (FVC) < 0.70 prior to the administration of the benralizumab or antigen-binding fragment thereof.

44. The method of any one of claims 1-43, wherein the patient uses corticosteroids, long-acting β2 agonists, and tiotropium.

45. The method of any one of claims 1-44, wherein at least two doses of the benralizumab or antigen-binding fragment thereof are administered.

46. The method of claim 45, wherein the first dose of benralizumab or antigen-binding fragment thereof is administered at day zero and the second dose is administered at 4 weeks.

47. The method of claim 45, wherein at least one dose of the benralizumab or antigen-binding fragment thereof is administered at an interval of 8 weeks after the previous dose.

48. The method of any one of claims 45-47, wherein the benralizumab or antigen-binding fragment thereof is administered with at least one four-week dosing interval and then with at least one eight-week dosing interval.

49. The method of claim 48, wherein the benralizumab or antigen-binding fragment thereof is administered with three four-week dosing intervals and then at eight-week dosing intervals.

50. The method of any one of claims 1-49, wherein the administration is subcutaneous.

51. A method of treating COPD in a human COPD patient, comprising administering to the patient a dose of 100 mg of benralizumab or an antigen-binding fragment thereof, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

52. The method of claim 51, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration.

53. The method of claim 52, wherein the patient has a blood eosinophil count of at least 400 eosinophils/μL prior to the administration.

54. The method of any one of claims 51-53, wherein the benralizumab or antigen-binding fragment thereof is administered with at least one four-week dosing interval and then with at least one eight-week dosing interval.

55. The method of any one of claims 51-54, wherein the administration of the benralizumab or antigen-binding fragment thereof decreases the exacerbation rate of chronic obstructive pulmonary disease (COPD), increases the patient's $FEV_1$, improves a COPD questionnaire score assessing COPD symptoms, or a combination thereof.

56. The method of claim 55, wherein the administration of the benralizumab or antigen-binding fragment thereof decreases the exacerbation rate of chronic obstructive pulmonary disease (COPD), increases the patient's $FEV_1$, and improves a COPD questionnaire score assessing COPD symptoms.

57. A method of reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of benralizumab or an antigen-binding fragment thereof, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration and wherein the exacerbation rate is reduced by at least 30%.

58. The method of claim 57, wherein the exacerbation rate is reduced by about 34%.

59. A method of reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of benralizumab or an antigen-binding fragment thereof, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration and wherein the exacerbation rate is reduced by at least 50%.

60. The method of claim 59, wherein the exacerbation rate is reduced by about 57%

61. A method of reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of benralizumab or an antigen-binding

fragment thereof, wherein the patient has severe or very severe COPD as defined by GOLD and wherein the exacerbation rate is reduced by at least 40%.

62. The method of claim 61, wherein the exacerbation rate is reduced by about 47%

63. A method of increasing $FEV_1$ in a human COPD patient comprising administering an effective amount of benralizumab or an antigen-binding fragment thereof to the patient, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

64. A method of increasing $FEV_1$ in a human COPD patient comprising administering an effective amount of benralizumab or an antigen-binding fragment thereof to the patient, wherein the patient uses corticosteroids, long-acting β2 agonists, and tiotropium.

65. The method of claim 63 or 64, wherein the pre-bronchodilator $FEV_1$ increases.

66. The method of claim 65, wherein the pre-bronchodilator $FEV_1$ increases by at least 15%.

67. The method of claim 63 or 64, wherein the post-bronchodilator $FEV_1$ increases.

68. The method of claim 67, wherein the post-bronchodilator $FEV_1$ increases by at least 10%.

69. The method of any one of claims 63-68, wherein the pre-bronchodilator $FEV_1$ increases and the post-bronchodilator $FEV_1$ increases.

70. The method of claim 69, wherein the pre-bronchodilator $FEV_1$ increases by at least 15% and the post-bronchodilator $FEV_1$ increases by at least 10%.

71. A method of increasing $FEV_1$ in a human COPD patient comprising administering an effective amount of benralizumab or an antigen-binding fragment thereof to the patient, wherein the patient has severe or very severe COPD as defined by GOLD.

72. The method of claim 71, wherein the pre-bronchodilator $FEV_1$ increases.

73. The method of claim 72, wherein the pre-bronchodilator $FEV_1$ increases by at least 20%.

74. The method of claim 71, wherein the post-bronchodilator $FEV_1$ increases.

75. The method of claim 74, wherein the post-bronchodilator $FEV_1$ increases by at least 15%.

76. The method of any one of claims 71-75, wherein the pre-bronchodilator $FEV_1$ increases and the post-bronchodilator $FEV_1$ increases.

77. The method of claim 76, wherein the pre-bronchodilator $FEV_1$ increases by at least 20% and the post-bronchodilator $FEV_1$ increases by at least 15%.

78. The method of any one of claims 2-6, 8-50, or 57-77 wherein the benralizumab or antigen-binding fragment thereof is administered in a dose of 30 mg.

79. The method of any one of claims 2-6, 8-50, or 57-77, wherein the benralizumab or antigen-binding fragment thereof is administered in a dose of 10 mg.

80. The method of any one of claims 1-79, wherein the administration of benralizumab or the antigen-binding fragment thereof reduces the annual COPD exacerbation rate.

81. The method of any one of claims 1-80, wherein the administration of benralizumab or the antigen-binding fragment thereof improves a Specific Saint George's Respiratory Questionnaire (SGRQ) score.

82. A method of treating COPD in a human COPD patient, comprising administering to the patient a dose of 30 mg of benralizumab or an antigen-binding fragment thereof.

83. A method of treating chronic obstructive pulmonary disease (COPD) in a human COPD patient, comprising administering to the patient a dose of 30 mg of benralizumab or an antigen-binding fragment thereof.

84. The method of claim 82 or 83, wherein the administration of benralizumab or the antigen-binding fragment thereof reduces the annual COPD exacerbation rate.

85. A method of reducing the annual COPD exacerbation rate, comprising administering to a human COPD patient an effective amount of benralizumab or an antigen-binding fragment thereof.

86. The method of any one of claims 82-85, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

87. The method of any one of claims 82-85, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration.

88. The method of any one of claims 1, 3-7, 11-50, 61, 63, or 64-85, wherein the patient has a blood eosinophil count of less than 150 eosinophils/μL prior to the administration.

89. The method of any one of claims 1-8, 11-51, 53-57, or 61-85, wherein the patient has a blood eosinophil count of less than 300 eosinophils/μL prior to the administration.

90. The method of any one of claims 1, 3-7, 11-50, 61, 62, or 64-85, wherein the patient has a blood eosinophil count of 150-300 eosinophils/μL prior to the administration.

91. The method of any one of claims 1-85, wherein the patient has a blood eosinophil count of 300-450 eosinophils/μL prior to the administration.

92. The method of any one of claims 1-85, wherein the patient has a blood eosinophil count of at least 450 eosinophils/μL prior to the administration.

93. The method of any one of claims 1-92, wherein the patient uses an inhaled corticosteroids (ICS) and a long-acting beta agonist (LABA).

94. The method of any one of claims 1-92, wherein the patient uses a LABA and long-acting muscarinic antagonist (LAMA).

95. The method of any one of claims 1-92, wherein the patient uses ICS/LABA/LAMA.

96. The method of any one of claims 82-95, wherein the patient has an $FEV_1$ < 50% of the predicted normal value prior to the administration.

97. The method of any one of claims 82-96, wherein the patient has a history of at least 1 COPD exacerbation in the year prior to the administration.

98. The method of any one of claims 82-97, wherein the patient has severe or very severe COPD as defined by GOLD.

99. The method of any one of claims 82-98, wherein at least two doses of the benralizumab or antigen-binding fragment thereof are administered.

100. The method of claim 99, wherein the first dose of benralizumab or antigen-binding fragment thereof is administered at day zero and the second dose is administered at 4 weeks.

101. The method of claim 100, wherein at least one dose of the benralizumab or antigen-binding fragment thereof is administered at an interval of 8 weeks after the previous dose.

102. The method of any one of claims 99-101, wherein the benralizumab or antigen-binding fragment thereof is administered with at least one four-week dosing interval and then with at least one eight-week dosing interval.

103. The method of claim 102, wherein the benralizumab or antigen-binding fragment thereof is administered with three four-week dosing intervals and then at eight-week dosing intervals.

104. The method of any one of claims 1-103, wherein the administration is subcutaneous.

WHAT IS CLAIMED IS:

1. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for treating chronic obstructive pulmonary disease (COPD) in a human COPD patient, comprising administering to the patient a dose of 100 mg of said medicament.

2. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of said medicament, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

3. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of said medicament, wherein the patient has severe or very severe COPD as defined by the Global Initiative for Chronic Obstructive Lung Disease (GOLD).

4. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for increasing forced expiratory volume in one second ($FEV_1$) in a human COPD patient comprising administering an effective amount of said medicament to the patient.

5. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for increasing forced vital capacity (FVC) in a human COPD patient comprising administering an effective amount of said medicament to the patient.

6. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for improving a COPD questionnaire score assessing COPD symptoms in a human COPD patient comprising administering an effective amount of said medicament to the patient.

7. The use of any one of claims 2-6, wherein the medicament is administered in a dose of 100 mg.

8. The use of any one of claims 1 and 3-7, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

9. The use of claim 2 or 8, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration.

10. The use of claim 2 or 9, wherein the patient has a blood eosinophil count of at least 400 eosinophils/μL prior to the administration.

11. The use of any one of claims 1, 2, and 4-10, wherein the patient has severe or very severe COPD as defined by GOLD.

12. The use of claim 3 or 11, wherein the patient has very severe COPD as defined by GOLD.

13. The use of any one of claims 1 and 4-12, wherein the administration reduces the exacerbation rate of COPD.

14. The use of any one of claims 2, 3, 7, 9, 11, 12, and 13, wherein the exacerbation rate is reduced by at least 30%.

15. The use of claim 14, wherein the exacerbation rate is reduced by about 34%

16. The use of claim 14, wherein the exacerbation rate is reduced by at least 40%.

17. The use of claim 16, wherein the exacerbation rate is reduced by about 47%.

18. The use of claim 16, wherein the exacerbation rate is reduced by at least 50%.

19. The use of claim 18, wherein the exacerbation rate is reduced by about 57%.

20. The use of any one of claims 2, 3, 7-19, wherein the exacerbation rate is reduced within a year from the first administration of the medicament.

21. The use of any one of claims 1-3 and 5-20, wherein the administration increases the patient's $FEV_1$.

22. The use of claim 4 or 21, wherein the increased $FEV_1$ is a pre-bronchodilator $FEV_1$.

23. The use of claim 22, wherein the pre-bronchodilator $FEV_1$ is increased by at least 10%.

24. The use of claim 23, wherein the pre-bronchodilator $FEV_1$ is increased by about 12%.

25. The use of claim 4 or 21, wherein the increased $FEV_1$ is a post-bronchodilator $FEV_1$.

26. The use of claim 25, wherein the post-bronchodilator $FEV_1$ is increased by at least 5%.

27. The use of claim 26, wherein the post-bronchodilator $FEV_1$ is increased by about 7%.

28. The use of any one of claims 4 and 21-26, wherein the pre-bronchodilator $FEV_1$ and the post-bronchodilator $FEV_1$ increase.

29. The use of any one of claims 4 and 21-28, wherein the $FEV_1$ is increased within a year from the first administration of the medicament.

30. The use of any one of claims 1-4 and 6-29, wherein the administration increases the patient's FVC.

31. The use of claim 5 or 30, wherein the increased FVC is a pre-bronchodilator FVC.

32. The use of claim 5 or 30, wherein the increased FVC is a post-bronchodilator FVC.

33. The use of any one of claims 5 and 30-32, wherein the pre-bronchodilator FVC and the post-bronchodilator FVC increase.

34. The use of any one of claims 5 and 30-33, wherein the FVC is increased by at least 3%.

35. The use of any one of claims 5 and 30-34, wherein the FVC is increased within a year from the first administration of the medicament.

36. The use of any one of claims 1-5 and 7-35, wherein the administration improves a COPD questionnaire score assessing COPD symptoms.

37. The use of claim 6 or 36, wherein the COPD questionnaire is the COPD-Specific Saint George's Respiratory Questionnaire (SGRQ-C).

38. The use of claim 6, 36, or 37, wherein the patient's SGRQ-C (symptom) score decreases by at least 9.

39. The use of any one of claims 5 and 36-38, wherein the COPD questionnaire score assessing COPD symptoms improve with a year from the first administration of the medicament.

40. The use of any one of claims 1-39, wherein the patient has a history of exacerbations.

41. The use of claim 40, wherein the history of exacerbations comprises at least one exacerbation in the year prior to the administration of the medicament.

42. The use of any one of claims 1-41, wherein the patient had an $FEV_1$ < 80% predicted prior to the administration of the medicament.

43. The use of any one of claims 1-42, wherein the patient had an $FEV_1$/ forced vital capacity (FVC) < 0.70 prior to the administration of the medicament.

44. The use of any one of claims 1-43, wherein the patient uses corticosteroids, long-acting β2 agonists, and tiotropium.

45. The use of any one of claims 1-44, wherein at least two doses of the medicament are administered.

46. The use of claim 45, wherein the first dose of the medicament is administered at day zero and the second dose is administered at 4 weeks.

47. The use of claim 45, wherein at least one dose of the medicament is administered at an interval of 8 weeks after the previous dose.

48. The use of any one of claims 45-47, wherein the medicament is administered with at least one four-week dosing interval and then with at least one eight-week dosing interval.

49. The use of claim 48, wherein the medicament is administered with three four-week dosing intervals and then at eight-week dosing intervals.

50. The use of any one of claims 1-49, wherein the administration is subcutaneous.

51. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for treating COPD in a human COPD patient, comprising administering to the patient a dose of 100 mg of said medicament, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

52. The use of claim 51, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration.

53. The use of claim 52, wherein the patient has a blood eosinophil count of at least 400 eosinophils/μL prior to the administration.

54. The use of any one of claims 51-53, wherein the medicament is administered with at least one four-week dosing interval and then with at least one eight-week dosing interval.

55. The use of any one of claims 51-54, wherein the administration of the medicament decreases the exacerbation rate of chronic obstructive pulmonary disease (COPD), increases the patient's $FEV_1$, improves a COPD questionnaire score assessing COPD symptoms, or a combination thereof.

56. The use of claim 55, wherein the administration of the medicament decreases the exacerbation rate of chronic obstructive pulmonary disease (COPD), increases the patient's $FEV_1$, and improves a COPD questionnaire score assessing COPD symptoms.

57. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of said medicament, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration and wherein the exacerbation rate is reduced by at least 30%.

58. The use of claim 57, wherein the exacerbation rate is reduced by about 34%.

59. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of said medicament, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration and wherein the exacerbation rate is reduced by at least 50%.

60. The use of claim 59, wherein the exacerbation rate is reduced by about 57%

61. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for reducing the exacerbation rate of COPD comprising administering to a human COPD patient an effective amount of said medicament, wherein the patient has severe or very severe COPD as defined by GOLD and wherein the exacerbation rate is reduced by at least 40%.

62. The use of claim 61, wherein the exacerbation rate is reduced by about 47%

63. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for increasing $FEV_1$ in a human COPD patient comprising administering an effective amount of said medicament to the patient, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

64. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for increasing $FEV_1$ in a human COPD patient comprising administering an

effective amount of said medicament to the patient, wherein the patient uses corticosteroids, long-acting β2 agonists, and tiotropium.

65. The use of claim 63 or 64, wherein the pre-bronchodilator $FEV_1$ increases.

66. The use of claim 65, wherein the pre-bronchodilator $FEV_1$ increases by at least 15%.

67. The use of claim 63 or 64, wherein the post-bronchodilator $FEV_1$ increases.

68. The use of claim 67, wherein the post-bronchodilator $FEV_1$ increases by at least 10%.

69. The use of any one of claims 63-68, wherein the pre-bronchodilator $FEV_1$ increases and the post-bronchodilator $FEV_1$ increases.

70. The use of claim 69, wherein the pre-bronchodilator $FEV_1$ increases by at least 15% and the post-bronchodilator $FEV_1$ increases by at least 10%.

71. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for increasing $FEV_1$ in a human COPD patient comprising administering an effective amount of said medicament to the patient, wherein the patient has severe or very severe COPD as defined by GOLD.

72. The use of claim 71, wherein the pre-bronchodilator $FEV_1$ increases.

73. The use of claim 72, wherein the pre-bronchodilator $FEV_1$ increases by at least 20%.

74. The use of claim 71, wherein the post-bronchodilator $FEV_1$ increases.

75. The use of claim 74, wherein the post-bronchodilator $FEV_1$ increases by at least 15%.

76. The use of any one of claims 71-75, wherein the pre-bronchodilator $FEV_1$ increases and the post-bronchodilator $FEV_1$ increases.

77. The use of claim 76, wherein the pre-bronchodilator $FEV_1$ increases by at least 20% and the post-bronchodilator $FEV_1$ increases by at least 15%.

78. The use of any one of claims 2-6, 8-50, or 57-77 wherein the medicament is administered in a dose of 30 mg.

79. The use of any one of claims 2-6, 8-50, or 57-77, wherein the medicament is administered in a dose of 10 mg.

80. The use of any one of claims 1-79, wherein the administration of the medicament reduces the annual COPD exacerbation rate.

81. The use of any one of claims 1-80, wherein the administration of the medicament improves a Specific Saint George's Respiratory Questionnaire (SGRQ) score.

82. Use of benralizumab or an antigen-binding fragment thereof in the manufacture of a medicament for treating COPD in a human COPD patient, comprising administering to the patient a dose of 30 mg of said medicament.

83. Use of benralizumab or an antigen-binding fragment thereof for treating chronic obstructive pulmonary disease (COPD) in a human COPD patient, comprising administering to the patient a dose of 10 mg of said medicament.

84. The use of claim 82 or 83, wherein the administration of the medicament reduces the annual COPD exacerbation rate.

85. Use of benralizumab or an antigen-binding fragment thereof for reducing the annual COPD exacerbation rate, comprising administering to a human COPD patient an effective amount of said medicament.

86. The use of any one of claims 82-85, wherein the patient has a blood eosinophil count of at least 200 eosinophils/μL prior to the administration.

87. The use of any one of claims 82-85, wherein the patient has a blood eosinophil count of at least 300 eosinophils/μL prior to the administration.

88. The use of any one of claims 1, 3-7, 11-50, 61, 63, or 64-85, wherein the patient has a blood eosinophil count of less than 150 eosinophils/μL prior to the administration.

89. The use of any one of claims 1-8, 11-51, 53-57, or 61-85, wherein the patient has a blood eosinophil count of less than 300 eosinophils/μL prior to the administration.

90. The use of any one of claims 1, 3-7, 11-50, 61, 62, or 64-85, wherein the patient has a blood eosinophil count of 150-300 eosinophils/μL prior to the administration.

91. The use of any one of claims 1-85, wherein the patient has a blood eosinophil count of 300-450 eosinophils/μL prior to the administration.

92. The use of any one of claims 1-85, wherein the patient has a blood eosinophil count of at least 450 eosinophils/μL prior to the administration.

93. The use of any one of claims 1-92, wherein the patient uses an inhaled corticosteroids (ICS) and a long-acting beta agonist (LABA).

94. The use of any one of claims 1-92, wherein the patient uses a LABA and long-acting muscarinic antagonist (LAMA).

95. The use of any one of claims 1-92, wherein the patient uses ICS/LABA/LAMA.

96. The use of any one of claims 82-95, wherein the patient has an $FEV_1$ < 50% of the predicted normal value prior to the administration.

97. The use of any one of claims 82-96, wherein the patient has a history of at least 1 COPD exacerbation in the year prior to the administration.

98. The use of any one of claims 82-97, wherein the patient has severe or very severe COPD as defined by GOLD.

99. The use of any one of claims 82-98, wherein at least two doses of the medicament are administered.

100. The use of claim 99, wherein the first dose of the medicament is administered at day zero and the second dose is administered at 4 weeks.

101. The use of claim 100, wherein at least one dose of the medicament is administered at an interval of 8 weeks after the previous dose.

102. The use of any one of claims 99-101, wherein the medicament is administered with at least one four-week dosing interval and then with at least one eight-week dosing interval.

103. The use of claim 102, wherein the medicament is administered with three four-week dosing intervals and then at eight-week dosing intervals.

104. The use of any one of claims 1-103, wherein the administration is subcutaneous.